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Tonsil Fulguration Better Than Tonsil Operation

By THOMAS M. STEWART, M. D.

The writer claims success in ninety per cent of cases treated by fulguration which is equal to the degree of success claimed for the cutting operation. This method together with one or two X-ray treatments using a 7 to 9 inch spark gap leaves nothing to be desired. Most tonsil operators are unaware of the wide range of unsatisfactory results after the cutting operations and a review of the literature reveals a large number of fatalities following such operations.

Davis (Journal A. M. A., April 22, 1922) in the examination of 7500 school children during a period of two years, says: "I was impressed with the large number of children showing pronounced enlargement of the glands of the neck and poor nose breathing, although their adenoids and tonsils had been removed." His conclusions are:

1. The incidence of heart disease in children referred for tonsil operation is very small.

2. The glands of the neck enlarge as often after as before removal.

3. There is more complete relief from symptoms when removal is done at from 7 to 10 years of age.

4. Early removal gives mechanical relief for a short time, but the original cause of the growths, whatever it may be, is present and active until a much later period.

Abstracting from a large number of articles by prominent men the author concludes that the end results in tonsil operations do not guarantee a disappearance of the symptoms and infections traceable to the tonsils. Neither do tonsil operations prevent the recurrence of the symptoms and infections. It is logical therefore to use other methods to reduce large tonsils in size and render them more healthful. Tonsil fulguration and its modifications meets the requirements, and does not carry with it the attendant dangers of the cutting operations.

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The advantages of high frequency currents by means of fulguration, electro-coagulation, dessication and diathermy, are:

1. Bloodless work. The danger of hemorrhage is abolished.
2. The danger of infection due to local anesthesia and of death due to the general anesthetic is also abolished.
3. The diseased parts undergo sterilization because the current used is germicidal.
4. The singing and speaking voices are in no way impaired.

Technic

The first step is the application of the local anesthetic to the tonsil along the borders of the pillars and on the upper pole. For this purpose a one per cent cocaine solution may be used. This is painted on by cotton swabs. Solutions of procaine or novocaine may also be used. Adhesions must be separated and tonsillar crypts flushed out. In applying the high frequency technic, it is best to consider three types of tonsils:

1. The hard tonsil.
2. The disintegrating tonsil.
3. The soft inflamed tonsil.

The Hard Tonsil Technic

This tonsil because of poor circulation and low grade tissue changes responds to heat. The D'Arsonval high frequency current is of lower voltage than the Tesla, consequently it has greater amperage. The greater quantity of current is needed in diathermy and electrocoagulation. The pole or terminal of the D'Arsonval coil is attached to a probe, cotton wrapped, soaked in epsom salt solution, and the probe is fastened into a Cook fulguration handle. The other terminal is attached to the auto-condensation chair or the ordinary auto-condensation handle which the patient then holds. The cotton wound probe is pressed against the tonsil and the current gradually turned on until it is hot and then it is moved over the surface of the tonsil, into the crypts and space around the tonsil. All manipu-

lations are gently done. The application to each tonsil consumes three to five minutes of time. The after-soreness is slight and disappears in a day, at most two days, and then another treatment is in order. It is better to perform the operation four or five times than to over-treat at one sitting.

The Disintegrating Tonsil Technic

Use D'Arsonval current 500 to 800 milliamperes, controlled by foot switch. Here good local anesthesia is usually needed. Mould a piece of block tin or metal mesh cloth, six inches square will do, to shoulder and back. Hold it in place with sand bag or bandage so that perfect contact is obtained. One terminal is connected to this as the indifferent electrode. The other terminal is connected to Cook's handle which carries a long needle. Insert needle into tonsil one-eighth to one-quarter of an inch. Turn current on for an instant, the part will turn white if coagulation is perfect, if not, repeat. Treat several areas, the whole tonsil can be treated at one sitting if desired, after one has had the experience by which to judge results and estimate reactions. It is best to do a little at first sitting and give two or three treatments rather than to do too much at one time. Two week intervals may be required between treatments. With this method, some after-pain may ensue. Cold epsom salt compresses will help nicely. One-half teaspoonful of epsom salt to cup of water. Use part as gargle.

The Soft Tonsil Technic

Less heat is needed for treatment of this type of tonsil, because the vessels are already dilated. The D'Arsonval current would only dilate them to a greater degree. Less current and more voltage is needed and this is the character of the current obtained from the Tesla winding or Oudin resonator. The application of this current is highly germicidal and will contract the tonsil down to normal size. The auto-condensation chair is connected to one Tesla terminal. The wooden or glass tongue depressor of the author's design is used, as metal ones are contra-indicated. Then with a probe insulated in its

middle portion, draw the current out of tonsil at different points until it is slightly blanched. The current is felt in the operator's fingers, he being the partial ground. The fingers not holding the tongue depressor, touch the patient's face, and by using one or more fingers, the current may be controlled. The after-soreness will disappear in three or four days.

The Unipolar Current for Relapses

If a tonsil needs a little more treatment at a later date after dismissal, the Oudin or unipolar current is a simple technic and effective. After two or three swabs of the local anesthetic, use insulated electrode with about one-eighth inch spark. Each spot treated will turn white. Go around the outer edge of the tonsil.

Conclusion

By using one or more of the electro-therapeutic methods described above it is possible to treat diseased tonsils with an equal or greater degree of success than by the cutting operations, and without the dangers or bad after-effects of the latter.

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